

MILWAUKEE  
CC ACCOUNTING UNIT  
1220 W VLIET ST  
Testing Line 2  
MILWAUKEE, WI 53205



Date: 06/21/2011

000001  
HEAVENLY CREATURES DAY CARE  
987 N FICTIONAL ST  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXX, WI 99999-9999

**Provider Name:** HEAVENLY CREATURES DAY CARE  
**Provider Location:** 055  
**Phone Number:** (608) 999-9999  
**Attendance Period:** 09/06/2009 to 09/19/2009  
**Provider Type:** Licensed Group  
**Attendance Entry Mode:** In/Out

## Child Care Attendance Report

### Directions for completing the form:

- An "X" appearing in any box indicates that the child is not authorized for care, and payment cannot be made for that period.
- Enter exact time when the child arrived at your center in the "In" row. In the "Out" row, record the time the child left your center. Use exact hours and minutes. Indicate if AM or PM. If the child was not in attendance or the child care facility was closed, mark the box with a "0". Do not leave the space blank.

Child's Name							Auth Hours Per Week	Worker	Primary Person's Name							Case Number
10/09/11 to 10/15/11 Daily Hours of Attendance									10/16/11 to 10/22/11 Daily Hours of Attendance							
Sun	Mon	Tue	Wed	Thu	Fri	Sat			Sun	Mon	Tue	Wed	Thu	Fri	Sat	
<b>EXAMPLE, CHILD</b>							10	XYZ987	<b>EXAMPLE, PARENT</b>							9876543210
In	0	7:10 A	7:17 A	7:20 A	7:11 A	0	0		0	7:16 A	7:10 A	7:08 A	7:19 A	7:09 A	0	
Out	0	8:08 A	8:06 A	8:11 A	8:08 A	0	0		0	8:07 A	8:09 A	8:08 A	8:11 A	4:33 P	0	
In	0	3:05 P	3:21 P	2:55 P	3:03 P	0	0		0	3:22 P	3:02 P	3:02 P	2:55 P	0	0	
Out	0	4:42 P	5:04 P	4:56 P	4:43 P	0	0		0	5:02 P	4:45 P	4:42 P	4:55 P	0	0	
Sch Cls														S		

- There is no need to total the daily hours. The system will automatically calculate the weekly amount once the arrival and departure times have been entered into the subsidy system.
  - If a child attends third shift care, attendance hours must be reported according to the day of attendance. For example, an overnight shift from 8:00pm Monday to 6:00am Tuesday will require that the hours from 8:00pm to midnight be reported on Monday and the hours from midnight to 6:00am be reported on Tuesday.
  - The "School Closed (Sch Cls)" row is where you enter an "S" for each day you claim there are school closed hours for billing. These are hours when school is not in session for a short period of time, including spring and winter break, snow days, occasional days because the school is closed due to parent/teacher conferences, annual teacher conference, etc. All regular authorized hours must be used before marking school closed hours. Verification may be required.
- In the example above, the school was closed on the second Friday due to a teacher conference. An "S" is marked on Friday to claim school closed hours.
- To terminate a child's authorization, enter the child's information in the Special Use Section with a Special Use Code of "T".
  - The parent must request approval from the local agency for payment for more hours than authorized. The parent must request approval from the local agency for 2 or more weeks of no attendance on enrollment-based authorizations. To indicate you anticipate a parent will request approval, enter the child's information in the Special Use section with a Special Use Code of "AP".
  - If a child is in care and his/her name does not appear on this Attendance Report form, the parent is responsible for contacting the Child Care agency to request an authorization for future payment. You will not be able to report attendance until an authorization is in place.

**Provider Reporting Agreement:**

- I understand that I must enter the actual hours of attendance for each child in care on each Child Care Attendance Report form, even if the authorization is based on enrollment.
- I understand that I must notify the local Child Care agency if I become aware that a child is no longer attending the Child Care facility. I can notify the local agency by phone, in writing or by entering a "T" in the Special Use Section on the Child Care Attendance Report.
- I understand that: 1) I cannot care for more children than my certification/license allows, or exceed group size limits. This includes private pay and subsidized children; 2) I cannot care for children outside of the hours authorized by my certification/license or care for children for more hours per day than permitted by certification/licensing rules; 3) Other than authorized field trips or a documented emergency, I cannot care for children at a site other than the authorized site.
- I understand that I am responsible for paying back any overpayment that is caused by one of the following reasons: 1) Provider not reporting attendance accurately; 2) Provider not notifying the agency in a timely manner when a child is no longer in care; 3) Provider caring for more children than certification or license allows; 4) Provider caring for children outside of the hours authorized by certification/license; 5) Provider caring for children for more hours per day than permitted by certification/licensing rules; 6) Provider caring for children at a site other than the regulated site; 7) Authorization or attendance related administrative error by the subsidy agency.
- I understand that overpayments are deducted from future issuances. If no future issuances will be made, the overpayment must be paid back directly to the local agency.
- I understand that if I submit inaccurate attendance information, I may be referred for fraud investigation.
- I understand that in order to receive payment, I must submit attendance either through paper Child Care attendance reports or through the Internet, if I have access to submit attendance online.
- I understand the local agency may refuse to process attendance that is submitted for a period more than 90 days in the past.
- I understand the local agency has 10 days to process attendance report forms from the date of submission. This time frame may be extended for program integrity concerns.
- I understand the local agency will refuse to process my attendance report form if there are errors on my report or if the instructions on the form are not followed.
- I understand that the local agency has the authority to stop payment and/or authorizations if I am not in compliance with certification or licensure rules or if I have submitted inaccurate attendance information.
- I understand that I must keep a written record of each child's actual hours of attendance at the Child Care facility for a minimum of three years beyond the last date of child's attendance.
- I understand that the State of Wisconsin and/or the local Child Care agencies have the right to visit the center to monitor my compliance with program requirements, including keeping accurate attendance records. Monitors may review records on site, copy records on site, or arrange to remove original records for review and copying, with proper receipt. I understand that I must provide this access immediately upon request.
- I understand that if I do not sign this agreement, the agency will refuse to process my attendance report form and I will not receive payment.

I certify that all of the reported information is complete and accurate.

**Provider Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

Child's Name							Auth Hours Per Week	Worker	Primary Person's Name							Case Number
09/06/2009 to 09/12/2009 Daily Hours of Attendance							10	JX9054	09/13/2009 to 09/19/2009 Daily Hours of Attendance							0000227307
Sun	Mon	Tue	Wed	Thu	Fri	Sat			Sun	Mon	Tue	Wed	Thu	Fri	Sat	
<b>WINSLET, CARA</b>									<b>WINSLET, ELIZABETH</b>							
In																
Out																
In																
Out																
Sch Cls																

Child's Name						Auth Hours Per Week	Worker	Primary Person's Name						Case Number
09/06/2009 to 09/12/2009 Daily Hours of Attendance								09/13/2009 to 09/19/2009 Daily Hours of Attendance						
Sun	Mon	Tue	Wed	Thu	Fri	Sat		Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>WINSLET, CARA</b>						10	JX9054	<b>WINSLET, ELIZABETH</b>						0000227307
In														
Out														
In														
Out														
Sch Cls								X	X	X	X	X	X	X
<b>VAN GOGH, KATRINA</b>						24	JX9216	<b>VAN GOGH, SHAINA</b>						2000788424
In														
Out														
In														
Out														
Sch Cls														
<b>VAN GOGH, KATRINA</b>						24	JX9216	<b>VAN GOGH, SHAINA</b>						2000788424
In														
Out														
In														
Out														
Sch Cls														
<b>GAINSBOROUGH, TERRIE</b>						24	JX9216	<b>GAINSBOROUGH, MICHELLE</b>						3000788433
In														
Out														
In														
Out														
Sch Cls								X	X	X	X	X	X	X

**Special Use Section**

To terminate a child's authorization, enter the child's information below with a Special Use Code of "T".

To indicate that you anticipate a parent will request approval for more hours than authorized, or for 2 or more weeks of no attendance on enrollment-based authorizations, enter the child's information below with a Special Use Code of "AP".

Special Use Code	Child's Name	Authorization Number	Notes